

>> ALL RIGHT, WELL, HERE WE  
ARE AT THE TOP OF THE HOUR.

1:00 CENTRAL TIME FOR OUR  
MONTHLY LAKE EFFECTS  
PRESENTATION.

TODAY WE WANT TO WELCOME YOU  
TO A PREVIEW OF OUR  
MOBILE TECHNOLOGY PORTION THAT WE  
HAD LAST FALL, AND TODAY  
WE'RE HAVING PART TWO.

YOU MAY HAVE BEEN TUNED IN  
TO PART ONE WHEN MAX  
ANDERSON PRESENTED, AND  
TODAY WE'RE GOING TO HAVE  
THE PERSPECTIVES OF A FEW  
CLINICAL LIBRARIANS.

I'M THE OUTREACH PLANNING  
AND EVALUATION COORDINATOR  
HERE IN THE GMR.

TODAY IS MONDAY, APRIL --  
EXCUSE ME.

THURSDAY, APRIL 19th, AND I  
AM GOING TO START THE  
RECORDING.

>> THIS MEETING IS NOW BEING  
RECORDED.

>> ALL RIGHT, WELCOME,  
EVERYONE.

WE ARE WAITING FOR THE  
CAPTIONER TO CONNECT.  
FORTUNATELY, THE SERVER IS  
BACK UP.

I'M THE OUTREACH PLANNING  
AND EVALUATION COORDINATOR  
FOR THE GMR, AND TODAY WE'RE  
VERY HAPPY TO PRESENT PART  
TWO OF OUR MOBILE TECHNOLOGY  
WEBINAR HERE AT LAKE EFFECTS.  
THIS WAS A REPRISE OF THE GMR  
SYMPOSIUM THAT WE HAD IN  
DECEMBER OF LAST YEAR, WHERE  
WE HAD ONSITE  
PRESENTATIONS AND THERE WAS  
SO MUCH INTEREST IN THE  
TOPIC AND THAT'S PRETTY MUCH

SHOWN BY THE NUMBER WHO HAVE DIALED IN TODAY TO PRESENT THIS AGAIN SO THAT MORE PEOPLE COULD ATTEND.

I'M HAPPY TO SAY THAT WE HAVE TWO VERY GOOD SPEAKERS IN THE FIELD RELATING TO THE CLINICAL LIBRARIAN WORK, AND OUR FIRST SPEAKER TODAY WILL BE HEATHER HOLMES.

SHE IS THE CLINICAL INFORMATIONIST FOR HEALTH IN AKRON, THE CITY OF ST. THOMAS HOSPITAL IN AKRON, OHIO. HATHER GOT HER MASTER OF LIBRARY AND INFORMATION DEGREE FROM THE UNIVERSITY OF PITTSBURGH.

PRIOR TO BEING THERE, SHE WORKED FOR A LAKE EERIE COLLEGE OF MEDICINE IN HOSPITAL IN COLUMBUS, OHIO AND AT MERCY COLLEGE OF NORTHWEST OHIO IN TOLEDO. YOU MAY HAVE SEEN HEATHER YESTERDAY DURING THE MLA WEBCAST, AND SHE HAS ALSO PRESENTED AT SEVERAL INTERNATIONAL MEETINGS, INCLUDING THE ALLIANCE FOR CONTINUING MEDICAL EDUCATION AND WAS INVITED TO AUSTRALIA IN 2009.

HEATHER IS THE 2010 RECIPIENT OF NLM'S BIOINFORMATICS FELLOWSHIP IN MASSACHUSETTS, AND AS WELL SHE WAS ONE OF LIBRARY JOURNAL'S SHAKERS FOR 2011. THE POSITION SHE CURRENTLY HOLDS IS A NEWLY CREATED ONE THAT EVOLVES FROM THE CLINICAL WORK SHE HAS BEEN DOING OVER THE PAST SEVERAL YEARS.

SHE'S ALSO A DISTINGUISHED

MEMBER OF THE ACADEMY OF  
HEALTH INFORMATION  
PROFESSIONALS.

OUR SECOND SPEAKER IS SUSAN  
FOWLER.

SHE IS THE CLINICAL  
LIBRARIAN AT WASHINGTON  
UNIVERSITY OF SCHOOL OF  
MEDICINE.

HER CURRENT INTEREST IS  
IMPEDING DEVELOPING  
STANDARDS AND REVIEWS.

BEFORE SUSAN BECAME A  
LIBRARIAN, SHE WAS A NETWORK  
SECURITY ENGINEER INSTRUCTOR  
AND FINDS THAT EXPERIENCE  
ESSENTIAL IN HER CURRENT  
WORK.

SHE FINISHED HER MLS IN 2006  
AT THE UNIVERSITY OF  
MISSOURI IN COLUMBIA.

SHE HAS PRESENTED ON THE  
HISTORY, CURRENT STATE AND  
FUTURE OF TECHNOLOGY IN  
LIBRARIES AT MLA CONFERENCES  
AND HAS VOLUNTEERED AS A  
TECHNOLOGY SHERPA OR THE  
MCR MEDICINAL LIBRARY  
ASSOCIATION CONFERENCE.

SUSAN IS CURRENTLY SERVING  
AS VICE PRESIDENT,  
PRESIDENT-ELECT FOR THE --  
YOU MAY PROBABLY WANT TO  
UPDATE THAT, SUN.

YOU MAY ACTUALLY ALREADY BE  
PRESIDENT FOR THE  
INTERAGENCY COUNCIL ON  
INFORMATION RESOURCES AND  
NURSING AND IS COED TOR OF  
THE BIENNIAL PRACTICING  
NURSES FOR EVIDENCE-BASED  
NURSING PRACTICE, WHICH  
SHOULD HAVE BEEN RELEASED IN  
JANUARY.

SUSAN IS A 2011 RECIPIENT OF  
NLM'S BIOMEDICAL INFORMATICS

FELLOWSHIP AT THE MARINE  
BIOLOGY LAB.

SO WITH THAT, I AM GOING TO  
PRESENT HEATHER HOLMES.

>> HI, EVERYONE.

THIS IS HEATHER.

JUST WAITING FOR MY SLIDES  
TO COME UP HERE.

OKAY, SO AS JACQUELINE SAID,  
THIS IS KIND OF A REDO OF  
WHAT SUSAN AND I PRESENTED  
IN DECEMBER FOR THE GMR  
SYMPOSIUM AND ACTUALLY A LOT  
OF INFORMATION, IF YOU  
WATCHED YESTERDAY, IS A  
LITTLE BIT SIMILAR, BUT THIS  
IS MORE THE BACKSIDE AS TO  
HOW I GOT INTO WHAT I AM  
DOING AND YESTERDAY.

SO THANK YOU ALL FOR BEING  
HERE.

I HOPE YOU ENJOY THE  
PRESENTATION.

I HAVE A COUPLE DISCLOSURES.  
NONE OF THIS IS REALLY  
IMPORTANT EXCEPT I DID  
RECEIVE AN AWARD FROM THE GMR.  
I ENCOURAGE YOU TO DO SO  
ALSO.

SO THE HEALTH SYSTEM IS  
ACADEMIC COMMUNITY-BASED  
HOSPITAL SYSTEM.

I AM GOING TO BE SPEAKING  
ABOUT MY EXPERIENCE AT AKRON  
CITY HOSPITAL.

WE HAVE A THOUSAND  
CREDENTIALLED MEDICAL STAFF.  
WE'RE A AFFILIATED WITH  
NORTHEASTERN OHIO MEDICAL  
UNIVERSITY, NOW KNOWN AS NEO  
MED.

WE HAVE 123 RESIDENCES, 30  
FELLOWSHIPS AND LOTS OF  
RESIDENTS.

AND I HIGHLIGHT HERE THE  
DEPARTMENT OF RESIDENCY

BECAUSE THAT'S WHO I WORK  
WITH PRIMARILY IN TERMS OF  
THE DAILY ROUNDS THAT I GO  
ON.

SO THAT'S BROKEN DOWN FOR  
YOU HERE.

AND AGAIN, THIS IS THE SAME  
PRESENTATION THAT I GAVE  
BEFORE, SO SOME OF THE  
SLIDES I AM JUST GOING TO  
SKIP PAST THIS ONE.

THIS IS OUR CAMPUS.

IT'S BEAUTIFUL.

SO THE BACKGROUND OF THIS IS  
IN 2007, AKRON CITY BEGAN  
PURSUING THE IDEA OF HAVING  
A CLINICAL LIBRARIAN, THAT  
IS, SOMEBODY WHO WOULD GO ON  
DAILY ROUNDS AND ESSENTIALLY  
BE EMBEDDED WITH CERTAINLY  
INTERNAL MEDICINE.

WE LEARNED EARLY ON THAT IT  
WAS REAL NICE FOR ME TO BE  
THERE AND I COULD ANSWER  
QUESTIONS TO SOME DEGREE AND  
THEN GO BACK TO MY DESK AND  
RESEARCH THEM MORE LATER,  
BUT IT WASN'T ALWAYS ABLE  
FOR ME TO BE ABLE TO ANSWER  
THE QUESTION.

IT WAS MUCH MORE RELEVANT TO  
WHAT WE WERE TRYING TO  
ACCOMPLISH WITH THE ROLE  
THAT I WAS PLAYING.

IN TODAY'S WORLD, TOTALLY  
TECHNOLOGY-DRIVEN.

YOU DON'T SEE PEOPLE  
CARRYING AROUND BOOKS WITH  
THEM VERY MUCH ANYMORE.

THEY HAVE POCKETBOOKS AND  
THAT'S ABOUT IT.

IT'S TOTALLY LEARNER-DIRECTED  
SO YOU CAN -- THE CLINICIAN  
NURSE, WHOEVER, DEDICATES  
THEIR OWN TIME AND MOTIVATION  
TO WHAT THEY WANT TO LEARN AT

THE POINT OF CARE.  
AMERICAN MEDICAL ASSOCIATION  
CONCLUDED THAT LEARNING AT  
THE BEDSIDE IS MUCH MORE  
RELEVANT BECAUSE YOU CAN'T  
RECREATE THE CONTEXT OF  
ACTUALLY BEING THERE WITH  
THE PATIENT.

AND OF COURSE, PERFORMANCE  
IMPROVEMENT COMES OUT OF ALL  
OF THIS.

SO THE WAY MY POSITION  
DEVELOPED IS WE KIND OF TOOK  
ASPECTS OF THE CLINICAL  
LIBRARIANSHIP AND THE  
INFORMATIONIST IN TERMS OF  
BEING EMBEDDED WITH THE  
MEDICAL TEAM.

SO WHAT I WAS DOING WAS PAST  
BEDSIDE SEARCHING, HELPING  
COMING UP WITH DIFFERENT  
DIAGNOSIS, DRUG INTERACTIONS,  
SIDE EFFECTS, PRETTY MUCH  
ANY QUICK AND DIRTY ANSWER  
THAT THEY WOULD HAVE NEEDED,  
I WAS THERE TO HELP THEM  
FIND THE ANSWER TO.

AND ON SLOWER DAYS, I WOULD  
DO THINGS LIKE TEACH SEARCH  
STRATEGIES, REMIND THEM OF

--

>> YOU ARE NOW MUTED --  
>> ET CETERA, ET CETERA, ET CETERA.  
BECAUSE NOT EVERY DAY IS  
FULLY BUSY.

IT REALLY DEPENDS ON HOW  
MANY PATIENTS WE HAD AN OUR  
SERVICE AT THE TIME.

SO THE LIBRARIAN AS PART OF  
THE CLINICAL TEAM, AGAIN,  
ASSISTS IN DEVELOPING THE  
CLINICAL QUESTION.

IT'S VERY COMMON TO GET A  
PHONE CALL THAT SOMEBODY  
CALLS AND SAYS THEY NEED  
INFORMATION ON TYPE-2

DIABETES.

WELL, THAT'S REAL NICE.  
BUT WHAT IS IT THAT THEY  
ACTUALLY NEED?

SO I HELP THEM REALLY DO A  
REFERENCE VIEW INTERVIEW TO  
GET DOWN DOTO WHAT THE  
CLINICAL QUESTION IS THAT  
THEY'RE AFTER.

AS PART OF THE CLINICAL  
TEAM, I HAVE A DIFFERENT  
SKILLSSET THAN WHAT THEY DO.  
I AM ABLE TO KEEP UP MORE  
WITH THE TECHNOLOGY CHANGES,  
AND EXPERTISE THAT THE  
RESOURCES THAT WE'RE USING.  
AGAIN, BECAUSE THAT'S MY  
JOB, NOT THEIRS.

AND ALL THAT HAVE LEADS TO  
BEING AT THE BEDSIDE AGAIN  
LOOKING THINGS UP WHILE THE  
PATIENT'S BEING PRESENTED BY  
THE RESIDENT OR STUDENT TO  
THE ENTIRE TEAM.

AND I NOW HAVE SIT CRITICS  
ACCESS TO OUR REMOTE AND THE  
HOSPITAL SERVERS SO I CAN  
GET INTO THE PHYSICIAN ORDER  
ENTRY, COMPUTERIZED ACCESS.  
SO I AM ABLE TO SIT THERE  
AND LOOK AT LAB RESULTS AND  
THINGS LIKE THAT RIGHT ALONG  
WITH THEM TO BE ABLE TO  
BETTER LOOK FOR THE ANSWER  
THAT I NEED TO ANSWER  
WHATEVER THEIR QUESTION IS  
OR WHATEVER WE'RE TRYING TO  
LEARN ABOUT AS A GROUP.  
AND THEN I STILL HAVE HAD  
THE JOB THAT I WAS HIRED TO  
DO.

BEING EMBEDD IN MEDICINE,  
NOON CONFERENCE I ATTEND  
EVERY DAY.

JOURNAL CLUB WE DO ONCE OR  
TWICE A MONTH SO I AM A PART

OF THAT.

CASE PRESENTATIONS ARE DONE  
PRETTY MUCH EVERY TIME EVERY  
DAY FROM THERE AND WE HAVE  
TWO IRBS AND I ACTUALLY SIT  
ON BOTH OF THEM -- WELL,  
THAT'S NOT TRUE.

I JUST RESIGNED FROM ONE OF  
THEM.

BUT I SIT ON THE IRB ALSO.  
SO THE MEDICAL TEAMS ARE  
COMPOSED OF GENERALLY TWO  
ATTENDING PHYSICIANS FOR THE  
MONTH.

THEY DO ABOUT 15 DAYS EACH.  
TWO OR THREE SENIOR  
RESIDENTS, TWO OR THREE  
INTERNS, MEDICAL STUDENTS,  
AND AND I USUALLY TRY TO  
WORK WITH TEAM A.

WE HAVE ABC AND D, AND TEAM  
A IS MULTIDISCIPLINARY, SO  
WE ATTEND ACE ROUNDS, WHICH  
IS OUR ACUTE CARE FOR ELDERLY  
FORUM.

SPECIFICALLY THESE PATIENTS  
ARE GENERALLY GERIATRIC BUT  
SOMETIMES THERE IS YOUNGER  
PEOPLE WHO ACTUALLY CAN BE  
CONSIDERED GERIATRIC BASED  
ON THEIR NEEDS.

AND THIS MULTIDISCIPLINARY  
TEAM ALL WORKED TOGETHER --  
THE PHYSICIANS, THE NURSES,  
SOCIAL WORKER, PHARMACY,  
HOSPITAL QUALITY IMPROVEMENT  
ARE THERE.

SO IT'S A WHOLE TEAM OF  
SOMETIMES 20-PLUS PEOPLE  
DEDICATING THEIR TIME AND  
EFFORT TO THE CARE OF ONE  
PATIENT.

SO IT'S ACTUALLY REALLY COOL  
TO BE PART OF THAT ASPECT  
WHEN WE HAVE IT.

SO I APPLIED TO THE GMR FOR



A TECHNOLOGY IMPROVEMENT  
AWARD TO HELP MAKE MY JOB  
EASIER TO HAVE A LAPTOP TO  
CARRY WITH ME WHILE I WAS ON  
ROUNDS, AND WHAT I GOT I  
WORKED WITH OUR IT  
DEPARTMENT TO FIGURE OUT  
WHAT WOULD BE BEST FOR ME  
THAT THEY WOULD SUPPORT AND  
SO FORTH.

AND I ENDED UP GETTING --  
IT'S AN IBM LENOVA X200  
TABLET.

IT'S ULTRAPORTABLE,  
TABLET-STYLE.

IT WAS SUPPORTED BY MY IT  
DEPARTMENT.

IT WAS GOOD FOR THEM.

IT WAS GOOD FOR ME AND IT  
WAS GOOD FOR WHAT I WAS GSK  
TO ASK FOR AND MY

APPLICATION FOR THE AWARD.

SO THIS IS WHAT THE COMPUTER  
LOOKS LIKE AND TABLET STYLE  
OR LAPTOP, TRADITIONAL  
WHATEVER.

IT'S ACTUALLY REALLY QUITE  
COOL.

IT'S ABOUT THREE AND A HALF  
POUNDS, AND THAT DOESN'T  
MAYBE SOUND LIKE VERY MUCH  
BUT WHEN YOU ARE CARRYING IT  
AROUND FOR TWO AND A HALF,  
THREE HOURS WHEN YOU ARE ON  
ROUNDS, IT GETS KIND OF  
HEAVY.

IF ANY OF YOU ARE THINKING  
ABOUT DOING THIS, KEEP THAT  
IN MIND WHEN YOU ARE BUYING  
YOUR PRODUCT.

AND I SAY THAT BECAUSE NOW I  
HAVE MOVED ON AND I AM USING  
AN IPAD.

AGAIN, IT'S ULTRAPORTABLE.  
IT'S ESSENTIALLY THE TABLET  
STYLE.

OUR IT DEPARTMENT IS  
STARTING TO SUPPORT THEM  
MORE AND MORE.

THEY ARE LEARNING THAT AS I  
SAID YESTERDAY, THIS IS THE  
WAY OF THE FUTURE.

SO THEY ARE JUMPING ON BOARD  
PRETTY EASILY TO GO WITH  
WHAT WE ARE TRYING TO DO.

OBVIOUSLY, IT'S GOT AWESOME  
GRAPHICS, QUALITY  
APPLICATIONS ARE AVAILABLE,  
AND MULTIFUNCTIONAL.

I CAN DO SO MANY THINGS FROM  
MY IPAD.

AND OF COURSE, THIS IS WHAT  
IT LOOKS LIKE.

AND IT WEIGHS A LITTLE OVER  
A POUND.

SO IF YOU WANT TO COMPARE  
THAT CARRYING IT AROUND FOR  
THREE HOURS IN COMPARISON TO  
A THREE AND A HALF POUND  
LAPTOP, I THINK YOU WILL  
PROBABLY UNDERSTAND WHY I'VE  
DECIDED TO START USING AN  
IPAD INSTEAD.

SOME OF THE APP THAT'S I USE  
NOW WHILE I AM IN THE ON  
ROUNDS USING MY APP, MY IPAD  
ARE -- THERE IS A REALLY  
COOL APP THAT I LIKE TO USE  
SO WHEN SOMEBODY TALKS ABOUT  
HAVING THE WHIPLE PROCEDURE,  
WHO KNOWS WHAT THAT IS, BUT  
I CAN LOOK IT UP QUICKLY AND  
LEARN A WHOLE LOT FROM THAT.  
NETSCAPE AND MEDICINE.

THE PUBLIC LIBRARY SCIENCE HAS  
AN ANATOMY APP.

AGAIN, SOME OF THESE I  
MENTIONED YESTERDAY IF YOU  
WERE WATCHING.

THERE IS A NICE ANATOMY APP.  
GOOD READER.

WE'RE USING ALL THESE SORTS

OF THINGS WHEN WE'RE ON  
ROUND.

BECAUSE IT REALLY DEPENDS ON  
WHAT THE QUESTION IS OF WHAT  
I AM TRYING TO DO, WHAT I AM  
TRYING TO HELP THEM WITH.

SO WHAT DO I DO WHILE I'M ON  
ROUNDS?

LIKE SAID, THEY NEED TO KNOW  
WHAT'S THE RECOMMENDED  
TREATMENT FOR SBP, WHICH IS  
BACTERIAL PERITONITIS?

WE SEE THIS QUITE A BIT BUT  
INTERESTING ENOUGH, THE  
ANSWER DOESN'T ALWAYS STICK  
WITH YOU.

NO SURPRISE WHEN YOU ARE A DOCTOR  
AND YOU HAVE TO KNOW A WHOLE  
BUNCH OF THINGS.

SO THAT'S SOMETHING THAT I  
CAN DO AND LOOK IT UP  
QUICKLY WHILE THEY'RE SAYING  
WELL, THE PATIENT CAME IN  
WITH THIS BEFORE THEY EVEN  
HAVE TIME TO SAY THIS IS  
WHAT I AM THINKING.

I ALREADY HAVE THE  
RECOMMENDATION UP AND IN  
FRONTS OF US SO THAT WHEN  
THE DISCUSSION STARTS, I CAN  
SAY THIS IS WHAT THE  
EVIDENCE RECOMMENDS.

IMAGE SEARCHES.

IF WE TALK ABOUT A RASH OR  
SOMETHING THAT A PATIENT MAY  
HAVE OR MAY DEVELOP AS A  
RESULT OF THEIR CONDITION, I  
CAN PULL THAT UP AND HAVE IT  
ON MY SCREEN AND AS A TEAM  
WE CAN ALL LOOK AT IT.

THERE ARE OTHER THINGS, OF  
COURSE, THAT NEED MORE TIME  
THAT I CAN'T JUST DO IT  
QUICKLY WHILE WE'RE AT THE  
BEDSIDE.

SO THOSE THINGS ALL TRY AND

GIVE A QUICK ANSWER WHILE I CAN.

BUT THERE ARE THINGS THAT I'D HAVE TO GO BOOK AND DO MORE INDEPTH RESEARCH ON. IT REALLY JUST DEPENDS ON WHAT THE QUESTION IS AND WHAT WE'RE TRYING TO TEACH AT THAT POINT IN TIME.

I HAVE A SECURE TEACHING SITE THAT I MAINTAIN FOR THE TEAMS THAT I WORK WITH WHERE IT'S PASSWORD-PROTECTED. I ESSENTIALLY TREAT IT LIKE ELECTRONIC RESERVE SO -- AND I CAN LOAD ARTICLES. WE'RE USING FOR THAT TEACHING TEAM AND WHEN THE TEAM'S DONE IT'S ALL WIPED OUT.

SO IT'S BASICALLY AN ELECTRONIC RESERVE SYSTEM LIKE WHEN A LIBRARY WOULD HAVE.

AND OF COURSE, TEACHING.

AS I SAID EARLIER, IF THERE IS A SLOW DAY OR WHATEVER, I CAN GIVE AN EXPLANATION AS TO HOW USING MESH MIGHT BE USEFUL TO THEM OR HOW BEST TO USE THE ACCESS MEDICINE PRODUCT OR WHATEVER.

AND OTHER STUFF I DO.

I MENTIONED EARLIER, I GO TO NEW TOP CONFERENCE, GRAND ROUNDS, IRB, AND I TEND TO AND I THINK YOU GUYS PROBABLY ALL FEEL THIS WAY, TOO.

IF SOMEBODY IS GIVING A PROERNGS TALKING AND THEY MAKE A CLAIM THAT WELL, THE LITERATURE SAYS X, Y OR Z, THAT TENDS TO MAKE ME REALLY NERVOUS.

SO IF I HEAR THAT, I

INSTANTLY WILL PULL OUT MY  
DEVICE AND START LOOKING TO  
SEE IF THEY'RE RIGHT OR IF  
MAYBE THERE IS AN  
ALTERNATIVE VIEW THAT SHOULD  
BE DISCUSSED AT THE SAME  
TIME.

AND REALLY JUST IF A  
DISCUSSION ARISES ACROSS THE  
BOARD, GENERALLY THAT'S WHAT  
HAPPENS WHEN CASES ARE BEING  
PRESENTED AND SO FORTH.  
WE KIND OF GET OFF ON LITTLE  
TANGENTS OF FURTHER  
TEACHING POINTS.

AND THEN I DO EVERYTHING  
ELSE THAT MY JOB REQUIRES.  
SO THAT COULD CLEARLY OTHER  
DUTIES AS -- AS A SCIENTIST  
FALLS INTO THAT ONE.  
SINCE I'VE BEEN DOING THIS,  
THE OUTREACH THAT WE'VE  
PROVIDED HAS JUST BEEN  
PHENOMENAL.

LOTS MORE PEOPLE NOW KNOW  
ABOUT THE LIBRARY THAN THEY  
USED TO.

SO WE'RE GETTING A LOT MORE  
PHONE CALLS.

PEOPLE COMING IN ASKING FOR  
ASSISTANCE AND SO FORTH.

AND WE HAVE MORE AND MORE  
PEOPLE COMING IN, JUST EVEN  
TO USE OUR STUDY ROOMS OR  
WHATEVER, BECAUSE THEY KNOW  
THAT WE HAVE THEM NOW.

BEFORE WE WERE KIND OF THIS  
OFF PLACE AND IF YOU NEED AN  
ARTICLE, YOU CALL THEM OR  
WHATEVER.

NOW IT'S MUCH, MUCH MORE  
ACTIVE.

A PLACE FOR PEOPLE JUST TO  
COME TO.

AND THEY'VE REALIZED THAT  
WE'RE NICE AND HELPFUL AND

ABLE TO ASSIST THEM ON MORE  
THAN JUST GETTING AN ARTICLE  
OR SOMETHING LIKE THAT.

AND LIBRARY SERVICES HAVE  
REALLY, REALLY INCREASED OUR  
DEMAND.

WE'RE REALLY BUSIER THAN  
EVER, AND I DON'T COMPLAIN  
ABOUT THAT AT ALL BECAUSE I  
AM HAPPY THAT PEOPLE ARE  
CALLING AND USING THE  
SERVICES AND SO FORTH.

SO THE PATIENT CARE BENEFITS  
OF WHAT I AM DOING HOPEFULLY  
LEADS TO FEWER DAYS TO  
DIAGNOSIS WITH THE PATIENTS  
IS, AND THAT IS KEY.

IN THIS WORLD THAT WE'RE  
LIVING IN RIGHT NOW, WHERE  
MEDICAL PAYMENT IS SO  
REIMBURSEMENT IS SO  
IMPORTANT, WE DO NOT WANT TO  
KEEP THE PATIENTS IN THE  
HOSPITAL ANY LONGER THAN WE  
HAVE TO.

SO THE QUICKER WE CAN FIGURE  
OUT WHAT'S WRONG WITH THEM  
AND GET THEM OUT OF THE  
HOSPITAL, THE BETTER.

SO A SHORTER LENGTH OF STAY.  
THE QUICKER WE'RE ABLE TO  
DIAGNOSE THE PATIENTS, THE  
HAPPIER THEY ARE.

SO SATISFACTION IS A BIG,  
BIG THING.

RESEARCH INTO NEW TREATMENTS  
THAT MAY BE GOING ON OR  
ACTUALLY -- SO WHEN WE HAVE  
A PRETTY GOOD PRETTY BIG  
BIOMEDICAL RESEARCH  
ENTERPRISE.

WE HAVE 450 ACTIVE RESEARCH  
PROTOCOLS GOING ON SO THAT'S  
THINGS THAT WE CAN HELP WITH  
ALSO.

AND THEN EDUCATE THE

PHYSICIANS.

THAT'S KEY, BECAUSE THEY  
DON'T -- LIKE RIGHT NOW I'M  
IN CHICAGO.

I'M NOT IN AKRON, SO  
HOPEFULLY, TEACHING THEM SO  
THAT THEY CAN DO THINGS  
BETTER ON THEIR OWN IS  
SOMETHING THAT I REALLY AM  
TRYING TO EMPHASIZE WITH  
THEM.

SOME NEW DEVELOPMENTS THAT  
WE HAVE.

IT, ACE MENTIONED, IS  
STARTING TO PROMOTE IPAD USE  
AND OTHER DEVICES TO SOME  
DEGREE, I THINK.

AS I SAID YESTERDAY, I'VE  
HAD REALLY -- IPAD IS REALLY  
DOMINATING THE MARKET AND I  
DON'T HAVE ANY ANSWERS FOR  
THAT OTHER THAN IT WORKS AND  
SOME OF THE OTHER DEVICES  
ARE NOT QUITE AS USER-FRIENDLY,  
PARTICULARLY IN MEDICINE.

SO I AM REALLY STARTING TO  
DRAFT A POLICY FOR HOW TO  
DEAL WITH THE RIGHTS OF  
USING ALL THESE MOBILE  
THINGS IF OUR ENVIRONMENT  
AND SUSAN IS GOING TO TALK  
ABOUT THIS A LITTLE BIT  
MORE.

SHE HAS DONE A GOOD JOB SO  
I'VE LEARNED A BIT FROM HER  
AND I HOPE YOU GUYS WILL,  
TOO, WHEN SHE COMES ON HERE  
IN A FEW MINUTES.

EXCUSE ME.

SO WE'VE HAD REALLY POSITIVE  
RESPONSE.

BACK TO WHAT I'VE BEEN  
DOING.

AND OF COURSE, I GIVE YOU  
THE POSITIVE THINGS HERE.  
THERE IS A FEW PEOPLE WHO

HAVE NOT BEEN RECEPTIVE TO THIS, AND THAT'S FINE. YOU'RE NOT ALWAYS GOING TO MAKE EVERYBODY HAPPY. FORTUNATELY, I HAVE THE FLEXIBILITY THAT I CAN PRETTY MUCH WORK WITH WHATEVER TEAM I WANT TO. USUALLY -- I TRY TO WORK WITH TEAM A, BUT IF THE ATTENDING IS ON TEAM A ARE NOT VERY INTO TEACHING OR THE SENIOR RESIDENTS ARE NOT ALL THAT SUPPORTIVE OF THE REST OF THE TEAM, I MAY LOOK TO A DIFFERENT TEAM THEN AND WORK WITH SOMEBODY WHERE I AM GOING TO BE MOST USED. SOME BARRIERS THAT WE'VE RUN INTO.

OF COURSE, LACK OF SUPPORT FROM IT.

BUT AS I SAID, IT'S GETTING BETTER, SO THIS IS REALLY A POSITIVE THING.

I AM VERY HAPPY TO BE ABLE TO SAY THAT.

THERE IS A LEARNING CURVE FOR ALL OF US AND WHAT'S FOR ME AND FOR OUR PHYSICIANS, FOR ANYBODY THAT I WAS WORKING WITH.

EXCUSE ME.

AND AGAIN, AS I'VE MENTIONED, THERE ARE MANY DIFFERENT PLATFORM THAT'S WE CAN CHOOSE TO WORK WITH.

I DIDN'T LIST WINDOWS HERE, BUT IT IS ANOTHER OPTION.

SO THERE IS JUST A WHOLE LOT OF DIFFERENT THINGS

ESPECIALLY FOR THE LIBRARIAN TO TRY AND KEEP UP WITH.

AND THEN COST.

IT ALL COMES DOWN TO MONEY, NO MATTER WHAT.



I AM NOT GOING TO TRY AND  
GIVE YOU AN EXAMPLE OF THAT  
BECAUSE I AM SURE THERE ARE  
MANY THAT YOU CAN THINK OF,  
EVEN ON YOUR OWN.

SO FUTURE PLANS I WANT TO  
CONTINUE TO DEVELOP A STRONG  
RELATIONSHIP WITH OUR IT  
DEPARTMENT.

GET TO US WORK TOGETHER SO  
THAT WE CAN PROVIDE THE BEST  
RESOURCES FOR OUR STAFF.

LEARN MORE ABOUT OTHER  
PLATFORMS BESIDES APPLE  
BECAUSE THERE ARE SOME  
PEOPLE WHO ARE VERY  
ANDROID-CENTRIC AND THAT'S  
WCHBLE.

BUT I PERSONALLY DON'T KNOW  
A WHOLE LOT ABOUT IT SO  
THAT'S SOMETHING I NEED TO  
DO.

AND THEN APPLY FOR FUNDING  
EXTERNALLY EITHER FROM THE  
RML OR OTHER PLACES TO TRY  
TO HELP SUPPORT WHAT IT IS  
THAT WE ARE DOING, EITHER  
GET MORE EQUIPMENT OR HAVE  
IT PAID FOR US TO TRAVEL TO  
CONFERENCES AND SO FORTH.

THESE ARE THINGS THAT I AM  
LOOKING FORWARD TO.

RESEARCH MEDICAL LIBRARY, RMLS.

AND CHRISTINE, TO ANSWER  
YOUR QUESTION, WE ACTUALLY  
DO NOT HAVE UP TO DATE  
ANYMORE AS AN INSTITUTION.

I SUCCESSFULLY -- WELL, I  
CALL IT SUCCESS.

DWRIN IF ANYBODY ELSE DOES,  
GOT TO US CANCEL THE  
UP-TO-DATE SUBSCRIPTION AND  
NOW WE HAVE A CONSULT  
MARYLAND AND IT'S ACTUALLY  
THE TRANSITION FOR THAT WENT  
VERY VERY WELL.

THE POSITIVE HAS GREATLY  
OUTWEIGHED THE NEGATIVE AND  
I WAS AFRAID IT WAS GOING TO  
BE THE OTHER WAY.

SOME OF THEM ARE USING UP TO  
DATE PERSONALLY BUT WITH  
THEIR OWN SUBSCRIPTIONS.

BUT AS AN INSTITUTION, WE'RE  
NOT DOING THAT ANYMORE.

BUT EITHER WAY WITHOUT  
MARYLAND SKUPT CONSULT, THEY  
ARE WORKING ALONGSIDE WITH  
ME DOING THAT.

AND WE REALLY LEARN A LOT  
FROM EACH OTHER.

THEY TEACH ME STUFF, TOO,  
AND OFTENTIMES THEY'RE ABLE  
TO FIND THE ANSWER QUICKER  
THAN I AM BECAUSE THEY HAVE  
A LOT MORE KNOWLEDGE THAN I  
DO.

I HOPE THAT ANSWERS YOUR  
QUESTION.

AND THAT'S PRETTY MUCH THE  
END OF WHAT I HAVE.

MY NOJS.

I THANK MY SUPPORT AND  
ESPECIALLY TO THE GMR WHO  
HELPED GET ALL OF THIS  
STARTED WITH ME WITH GIVING  
ME SOME MONEY.

MAX ANDERSON IS MY  
TECHNOLOGY ROCK STAR.

WITHOUT MAX, I WOULD NOT BE  
DOING ANY OF THE COOL STUFF  
THAT I AM TODAY.

SO THANK YOU VERY MUCH, AND  
IF I CAN -- IS THERE  
ANYTHING ELSE?

INSURANCE FOR MY DEVICES?  
I DO NOT.

I ACTUALLY -- THE IPAD THAT  
I AM USING RIGHT NOW IS MY  
OWN AND AGAIN BECAUSE IT'S  
EASIER.

SO I AM TAKING THE RISK OF

SOMETHING HAPPENING -- OH,  
FOR MEDICAL -- NO.

I AM GUESSING THAT IT FALLS  
UNDER THE -- I DON'T HAVE AN  
ANSWER FOR THAT REALLY.

I AM GUESSING THAT IT FALLS  
UNDER THE SAME THING AS THE  
HOSPITAL'S COVERAGE FOR IF  
ANYTHING HAPPENS.

I AM NOT PROVIDING DIRECT  
CARE.

ANYTHING THAT I GIVE TO THE  
PHYSICIANS TO MAKE THEIR  
CHOICES WITH, IT'S ULTIMATELY  
UP TO THEM TO MAKE THE  
DECISION AS TO HOW THEY WANT  
TO TREAT THEIR PATIENTS.  
THEY CAN ACCEPT MY ADVICE OR  
NOT.

I AM BASICALLY NOT ASSUMING  
ANY DIRECT RESPONSIBILITY  
FOR ANYTHING.

AND NOBODY EXPECTS THAT OF  
ME.

SO I HOPE THAT ANSWERS THAT  
A LITTLE BIT.

>> THERE IS A REALLY GOOD  
QUESTION, KAREN.

DOES ANYONE ELSE OUT THERE  
KNOW WHETHER OR NOT  
LIBRARIANS ARE CARRYING  
INSURANCE?

>> I HAVEN'T HEARD OF IT.  
OH, I DON'T KNOW WHAT SHE'S  
ASKING ME.

I HAVE NOT HEARD OF IT AT  
ALL.

MAYBE IT'S SOMETHING THAT I  
WOULD WANT TO TALK TO OTHER  
PEOPLE ABOUT JUST TO SEE HOW  
THEY ARE HANDLED.

BUT I AM PRETTY SURE JUST  
BECAUSE I AM PHYSICALLY  
THERE WITH THE TEAM DOESN'T  
CHANGE IT AS IF I WAS STILL  
SITTING IN A LIBRARY BEHIND

MY DESK.

THE CARE BEING PROVIDED IS  
ULTIMATELY UP TO THE  
PHYSICIANS, NOT ME.

WELL, THANK YOU VERY MUCH.  
AND I GUESS JACQUELINE WILL  
TURN IT OVER TO SUSAN NOW.  
AND THAT'S IT.

THANKS.

>> ONE OTHER QUESTION.

>> SORRY.

>> THAT WAS ABOUT WHETHER OR  
NOT --

[LAUGHTER]

>> SO WHAT HAPPENED WAS IS  
KIND OF INTERESTING.

A LITTLE BIT OF BOTH OF THAT.

I ONE DAY RAN INTO MY CIO,  
THE GUY HAS HEAD OF OUR IT  
FOR ALL SIX HOSPITALS AND I  
PASSED HIM IN THE HALL AND I  
STOPPED HIM AND I INTRODUCED  
MYSELF AND TOLD HIM THAT I  
HAD COMPLETED THE BIOMEDICAL  
INFORMATICS FELLOWSHIP AND  
THAT I WOULD LIKE TO IF HE  
HAD SOMETIME SIT DOWN WITH  
HIM AND WE COULD TALK ABOUT  
WHAT I LEARNED THROUGH  
INFORMATICS AND MAYBE  
DIFFERENT WAYS THAT THE  
LIBRARY AND I AND IT CAN  
BEGIN TO WORK TOGETHER.

HE WAS TOTALLY COOL WITH  
THAT, SO HIS SECRETARY SET  
UP A MEETING, SAT DOWN WITH  
HIM, STARTED TALKING ABOUT  
WHAT I WANTED TO DO AND  
THINGS HE'S LIKE, WELL,  
MAYBE YOU CAN HELP ME WITH  
SOMETHING, TOO.

WE'RE KIND OF REALLY NOT  
WANTING TO KEEP UP TO DATE  
BECAUSE OF IT IS SO  
RIDICULOUSLY EXPENSIVE  
AND BECAUSE THE PHYSICIANS

ARE WANTING MORE AND MORE  
THINGS LIKE OFF-CAMPUS  
ACCESS AND SO FORTH.

HE'S LIKE CAN YOU HELP ME  
FIND SOMETHING ELSE?

AND I DID CARTWHEELS OUT OF  
HIS OFFICE, I WAS SO HAPPY  
TO BE ASKED TO DO THAT.

AND I LOOKED INTO SOME OF  
THE OTHER PRODUCTS BASED  
ON THE PRICE AND THE  
CONSULT WAS WHAT WAS  
RECOMMENDED.

IT WAS A HAPPY DAY FOR ME.  
I DON'T KNOW IF ANYBODY ELSE  
THOUGHT IT WAS AWESOME, BUT  
I DID.

>> ALL RIGHT, THANK YOU VERY  
MUCH, HEATHER, AND WHAT'S  
REALLY INTERESTING IS THAT  
AGAIN THE INFORMATION  
TECHNOLOGY CHANGES SO MUCH.  
THOUGH YOU DID A  
PRESENTATION YESTERDAY, I'M  
SURE THERE WERE NEW THINGS,  
NEW QUESTIONS.

>> QUESTION.

>> AND FOR THOSE OF YOU WHO  
MAY HAVE QUESTIONS, AFTER  
SUSAN'S PRESENTATION, WE  
WILL HAVE SOME TIME ALSO.  
AND WITH THAT, LET ME  
INTRODUCE AND PROVIDE HER --

>> HELLO, EVERYBODY.  
ACCORDING TO RESEARCH,  
PHYSICIANS ARE ADOPTING  
MOBILE TECHNOLOGY INTO THEIR  
PRACTICE, AND THAT THIS  
TREND IS CONTINUING TO RISE.  
ACCORDING TO MANHATTAN  
RESEARCH PHYSICIAN USE OF  
MOBILE DEVICES WAS UP FROM  
72% IN 2010 TO 81% IN 2011,  
AND I BELIEVE THAT INCREASE  
HAS BEEN HAPPENING  
EXPONENTIALLY.

SO IT WOULD BE INTERESTING  
TO SEE HOW IT HAS INCREASED  
FOR 2012.

THIS IS AN AERIAL SHOT OF  
THE INSTITUTION I AM WORKING  
AT, WHICH IS WASHINGTON  
UNIVERSITY IN ST. LOUIS, AND  
THIS IS JUST THE MEDICAL  
CAMPUS AND OUR AFFILIATE  
HOSPITAL TEACHING HOSPITAL.  
PLUS THERE IS ALSO IN THIS  
IS THE SCHOOL OF -- THE  
ST. LOUIS COLLEGE OF  
PHARMACY AND THE GOLD FARB  
SCHOOL OF NURSING WHICH ARE  
NOT ACTUALLY AFFILIATED WITH  
WASHINGTON UNIVERSITY.  
HOWEVER, WE DO WORK WITH  
THEM.

WE PROVIDE THEM LIBRARY  
SERVICES.

THE ACADEMIC LIBRARY SERVES  
OVER 1800 MEDICAL SCHOOL  
STUDENTS.

WE HAVE NEARLY 1800  
RESIDENTS AND FELLOWS OVER  
1700 FACULTY.

AND THEN ALSO 1200 NURSE  
WHOSE WORK IN RESEARCH, AND  
THAT'S AN INTERESTING  
CONUNDRUM WITH THE NURSES.  
THEY WORK FOR THE -- BUT THE  
AFFILIATED HOSPITALS HAVE  
NURSES AS WELL.

AND WASU HAS THIS BELIEF  
THAT WE DON'T ACTUALLY HAVE  
ANY NURSES WORKING FOR US IN  
RESEARCH, EVEN THOUGH WE DO  
SO THAT'S FUN.

AND THEN WE HAVE TWO  
AFFILIATED HOSPITALS THAT  
HAVE 1500 BEDS COMBINED, AND  
THOSE AFFILIATED HOSPITALS  
HAVE CONTINUING EDUCATION  
AND RESEARCH PROGRAMS FOR  
THEIR NURSING AND ALLIED

HEALTH STAFF AS WELL, AND WE PROVIDE SERVICES TO THOSE NURSING AND ALLIED HEALTH STAFF, ALTHOUGH WE CANNOT PROVIDE ONLINE LIBRARY RESOURCES FOR THEM AWAY FROM THE LIBRARY, BUT THEY CAN COME TO THE SKPLAEB USE OUR RESOURCES AS WELL.

LIBRARY AND.

AS I SAID, WE ALSO SHARE CAMPUS SPACE WITH THE SCHOOL OF NURSING AND WE PROVIDE SERVICES FOR THEM.

AND SO MY ROLE IS I WAS APPOINTED THE MOBILE EXPERT. REALLY THE ONLY REASON WHY IS BECAUSE I WAS THE ONE WHO WAS INTERESTED IN IT.

I WAS NOT A HUGE -- I AM NOT LIKE THIS HUGE TECHNOLOGY BUFFY KIND OF PERSON.

I DON'T OWN ANY MOBILE DEVICES FOR MYSELF, EXCEPT FOR A COUPLE OF EREADERS, AND I WILL ADMIT I LOVE MY EREADERS.

WHEN I STARTED WORKING WITH MOBILE RESOURCES AT WORK, I ACTUALLY STARTED BY APPLYING TO BE AN APPLE APPLICATIONS DEVELOPER, AND WHEN YOU DO THAT, YOU GET ACCESS TO AN IPHONE SIMULATOR.

AND THAT'S THE ONLY REASON WHY I DID IT SO I CAN GET ACCESS TO THE SIMULATOR SO I CAN SEE HOW APPLICATIONS AND PROGRAMS WORKED FOR THE IPHONE SO I COULD HELP MY PATRONS AND SUPPORT THEM WITH THEIR MOBILE DEVICES.

FROM THERE, THE LIBRARY BOUGHT ME AN IPAD, WHICH WAS VERY NICE OF THEM.

I WAS THE VERY FIRST PERSON

HERE TO HAVE ONE.

AND FROM THE SUCCESS THAT I HAD USING THAT IPAD, THE DEPARTMENTS WENT ON AND BOUGHT IPADS FOR SOME ARE THEIR OTHER STAFF FOLKS.

I USED THE IPAD AND STILL USE IT TO TEST OUR APPS AND THE SUPPORT PATRONS WITH APPLICATION ISSUES.

I ALSO USED IT ON CLINICAL CARE ROUNDS AND I TRAINED A COLLEAGUE OF MINE TO USE HER IPAD ON CLINICAL ROUNDS AND I DON'T DO IT ANYMORE BUT SHE DOES.

AT ST. LOUIS CHILDREN'S HOSPITAL.

AND WE ACTUALLY HAVE A POSTER COMING UP AT MLA ON THAT PROGRAM.

SO YOU CAN CHECK THIS OUT IF YOU ARE GOING TO MLA.

AND THEN I PRESENT ON MOBILE RESOURCES AND DEVICES AND APPLICATIONS TO DEPARTMENTS AND STUDENTS.

THE WAY I MANAGE THE IPADS IS THAT I AM THE ONE WHO KEEPS THE ITUNES ACCOUNT. BUT THE ITUNES ACCOUNT IS REGISTERED TO MY CORPORATE CREDIT CARD.

SO NONE OF THIS IS ME PAYING FOR IT PERSONALLY.

UNLIKE HEATHER, ALL OF THIS IS PAID FOR BY MY INSTITUTION.

AND SO I MANAGE THE ITUNES ACCOUNT WITH THAT AND THEN I MANAGE ALL THE IPADS FOR MY DEPARTMENT.

AND THAT'S ABOUT IT.

I WOULD LIKE TO MENTION EVEN THOUGH I DON'T GO ON CLINICAL CARE ROUNDS ANYMORE,



I USE MY IPAD IN ALL OF MY WORK.

SO WHEN I GO TO MEETINGS WITH DEPARTMENTS, THEY SEE ME WITH THAT IPAD AND IT'S A NICE LITTLE POINT TO TALK ABOUT AND TO SHARE BECAUSE OTHER PEOPLE ARE USING MOBILE DEVICES AS WELL SO WE CAN TALK ABOUT IT AND IT GIVES ME AN OPPORTUNITY TO POINT OUT RESOURCES THEY COULD BE USING FOR THE LIBRARY.

SO IN THE LOCAL ENVIRONMENT, SOME OF MY BENEFITS ARE THAT I HAVE INSTITUTIONAL MONEY TO BUY MOBILE DEVICES AND APPLICATIONS.

I HAVE ACCESS TO A SECURE WIRELESS NETWORK THAT THE LIBRARY PAYS FOR.

IT'S \$8 A MONTH AND ANYONE WHO WANTS TO SECURE WIRELESS NETWORK NEEDS TO PAY \$8 A MONTH.

THE LIBRARY COVERS THAT FOR ME.

WE ALSO HAVE A FREE WIRELESS NETWORK, ALTHOUGH IT'S FAIRLY SLOW.

BUT IT IS AVAILABLE, WHICH ALLOWS OTHER PEOPLE TO GET ON TO THE WIRELESS NETWORK IF THEY DON'T WANT TO PAY THAT \$8.

WE ARE VERY LUCKY TO HAVE AN IN-LIBRARY WEB DEVELOPER WHO IS JUST FANTASTIC, INCREDIBLY BRIGHT AND SMART, VERY, VERY HELPFUL.

AND THEN I HAVE ADMINISTRATION SUPPORT FROM MY BOSS AND FROM THE LIBRARY DIRECTOR.

SOME OF THE DRAWBACKS

CURRENTLY.

THERE IS STILL NO REAL  
INFRASTRUCTURE IN TO HANDLE  
MOBILE RESOURCES AND  
DEVICES.

WE DO NOT HAVE A COLLECTION  
DEVELOPMENT POLICY.

OUR SERVICES ARE LIMITED TO  
WHAT I CAN PROVIDE, AND I DO  
DO MANY OTHER THINGS.

I WEAR MANY OTHER HATS  
BESIDES DOING MOBILE  
RESOURCES.

AND SERVICES.

AND I DON'T THINK THE  
RESOURCES ARE PRESENTED IN A  
VERY PROMINENT WAY.

BUT I THINK WE ARE REALLY  
MISSING OUT REACHING OUT TO  
OUR PATRONS REGARDING THOSE  
THINGS.

OUR IT DEPARTMENT IS  
UNPREPARED TO HANDLE MOBILE  
RESOURCES AND DEVICES.

THE ELECTRONIC MEDICAL  
RECORD IS BLOCKED FROM  
WIRELESS ACCESS, AND THAT'S  
SOMETHING THAT HEATHER HAS  
AT HER INSTITUTION, I'M VERY  
JEALOUS OVER AND I KNOW THAT  
OUR PATRONS REALLY WANT TO  
BE ABLE TO GET TO DO  
ELECTRONIC HEALTH RECORD  
WITH THEIR MOBILE DEVICES  
USING THE MOBILE APP AND  
IT'S A SHAME THAT IT'S  
BLOCKED.

AND OUR IT DOES NOT SUPPORT  
DEVICES AND DOES NOT DO  
ANYTHING TO PROTECT THOSE  
RESOURCES.

OKAY, I MEANT TO GO TO THIS  
SLIDE.

SO ANOTHER DRAWBACK IS  
BECAUSE THE IT ISN'T  
PREPARED TO SUPPORT THESE

THINGS, THEY NOTICE MY  
ITUNES ACCOUNT ON MY  
COMPUTER, AND THEY ASSUMED  
THAT THAT ITUNES ACCOUNT WAS  
FULL OF MUSIC FILES, AND  
THEY WANTED ME TO AN  
EXTERNAL DRIVE AND I GOT A  
COUPLE OF STRONGLY WORDED  
EMAILS ABOUT IT, AND IT TOOK  
THREE CONVERSATIONS BECAUSE  
THE FIRST TWO CONVERSATIONS  
I WOULD GET ON THE PHONE  
WITH SOMEBODY IN IT AND THEY  
WOULD CITRIX AND DIAL INTO  
MY COMPUTER AND I WOULD SHOW  
THEM THAT THEY WERE LIBRARY  
RESOURCES.

AND THEN THEY WOULD GO OH,  
OKAY.

THAT'S FINE.

AND WE WOULD HANG UP AND A  
COUPLE MONTHS LATER I'D HEAR  
FROM THE IT DEPARTMENT AGAIN  
ABOUT THE SAME ISSUE.

SO WHAT I FINALLY WOUND UP  
DOING WAS I AGREED TO GO  
AHEAD AND TRANSFER THEM INTO  
THE EXTERNAL DRIVE.

BUT AND THIS WAS ALL THE  
APPLICATIONS THAT I BOUGHT  
TO SUPPORT THE IPADS FOR MY  
WHOLE DEPARTMENT.

AND SO I WENT AHEAD AND I  
AGREED TO TRANSFER THEM BUT  
I EXPLAINED THAT I DIDN'T  
KNOW HOW TO DO THAT AND THAT  
I WOULD NEED TRAINING AND  
WOULD CONSIDER THE IT  
DEPARTMENT RESPONSIBLE FOR  
PROTECTING THOSE  
APPLICATIONS ONCE THEY THEN  
TRANSFERRED TO THE EXTERNAL  
DRIVE AND TO BE RESPONSIBLE  
FOR TEACHING ME TO YOU  
HOMANAGE THEM.

AND THEY DECIDED THAT THOSE

REALLY WERE APPLICATIONS FOR THE LIBRARY AND THAT THEY SHOULD STAY ON MY COMPUTER. AND SO WE WERE ABLE TO WORK OUT AMICABLY.

I DON'T THINK THAT'S A UNIQUE SITUATION.

I THINK THAT LIBRARIANS WORKING WITH MOBILE RESOURCES NEED TO BE PREPARED TO HAVE THAT CONVERSATION WITH THEIR IT DEPARTMENT IF THEIR IT DEPARTMENT ISN'T ALREADY PREPARED TO SUPPORT MOBILE DEVICES AND RESOURCES.

SOME OF THE CURRENT PROJECTS I AM WORKING ON IS TO BUILD AN INFRASTRUCTURE TO ACCOMMODATE MOBILE RESOURCES AND THAT'S ONE OF THOSE IMMEDIATE BARRIERS IS NOT HAVING AN INFRASTRUCTURE TO SUPPORT THEM.

I AM HOPING THAT I CAN RESHAPE THE INFRASTRUCTURE TO FIT MOBILE RESOURCES.

I AM HOPING THAT I CAN STOP BEING THE PRIMARY PERSON RESPONSIBLE FOR MOBILE RESOURCES AND DEVICES THAT WE CAN SHARE THE WORKLOAD AND THAT PEOPLE HOPEFULLY MAYBE WHO KNOW MORE ABOUT IT CAN STEP UP AND MAYBE TAKE RESPONSIBILITY TO PROVIDE SUPPORT FOR SPECIFIC DEVICES, BECAUSE I THINK IT'S TOO MUCH TO DO ON MY OWN.

I THINK WE'LL SERVE OUR PATRONS MUCH BETTER IF WE HAVE A COLLECTION POLICY IN PLACE IF WE CAN CATALOG THOSE MOBILE RESOURCES, AND APPLICATIONS AND IF WE CAN FIND A WAY TO REPRESENT OUR

MOBILE RESOURCES AND  
SERVICES BETTER.

I'M SORRY.

MY FILES ARE IN THE WRONG  
ORDER SO I AM JUST GOING TO  
MOVE ON.

OKAY, SO I DO HAVE A MOBILE  
LIVE GUIDE, WHERE I HAVE  
INDEXED A LOT OF RESOURCES.  
THIS IS KIND OF SMALL HERE,  
BUT I WILL EXPLAIN THAT I  
HAVE THEM ORGANIZED BY  
TOPIC, MEANING LIKE  
EDUCATION, RESEARCH, JUST  
STAYING INFORMED, CLINICAL  
POINT OF CARE, LIST THAT'S  
OTHERS MIGHT WANT TO USE,  
OTHER BLOGS, AND THEN WHEN  
YOU ARE IN EACH TAB, I TRY  
TO DIVIDE UP THE RESOURCES  
BASED ON WHICH ONES WERE  
FREE BECAUSE YOU WERE  
AFFILIATED WITH WASU AND  
WHICH ONES REQUIRE PAYMENT  
BUT WERE STILL QUITE WORTHY  
TO HAVE A LOOK AT.

AND THEN IN ADDITION TO  
HAVING THEM DIVIDED UP BY  
TOPIC, I ALSO HAVE A WHOLE  
TAB ON HOW TO REDOCUMENT AND  
GO WITH OUR MOBILE RESOURCES,  
WITH YOUR MOBILE DEVICES AND  
THEN I ACTUALLY HAVE A LIST  
OF POSSIBLE MOBILE DEVICES  
PEOPLE MIGHT BE INTERESTED  
IN USING.

AND EVEN THOUGH THIS GUIDE  
IS -- LAST YEAR IT WAS THE  
SECOND MOST POPULAR GUIDE.

THIS YEAR I THINK IT'S  
SECOND MOST POPULAR.

EVEN THOUGH IT'S BEING  
LOOKED AT A LOT, I JUST FEEL  
VERY CONVINCED THAT, IF I  
COULD WORK WITH A TEAM OF MY  
COLLEAGUES THAT WE COULD

FIND A BETTER WAY TO PRESENT  
THE RESOURCES.

AND MAYBE NOT EVEN DO IT IN  
A MOBILE -- MAYBE FIND A WAY  
TO INTEGRATE THEM INTO THE  
REPRESENTATION OF ALL OF OUR  
RESOURCES.

SO FORTUNATELY, IT'S BEEN  
WRITTEN INTO THE TRAGIC PLAN  
SUPPORT FOR THIS.

WE DO HAVE A COMMITTEE  
THAT'S BEEN FORMED TO HANDLE  
MOBILE RESOURCES, AND I  
MIGHT EVEN -- SOMEBODY MIGHT  
EVEN BE TAKING OVER THE  
ENTIRE PROJECT FOR ME, WHICH  
WOULD BE GREAT.

I WILL HAND IT OVER TO HER  
WITH MY FULL BLESSING.

SO IN THE NATIONAL MOBILE  
ENVIRONMENT I WANT TO  
MENTION THAT THERE ARE LOTS  
OF NEW APPLICATIONS  
DEVELOPED EVERY DAY.

APPLICATIONS ARE RELATIVELY  
INEXPENSIVE.

I THINK THE MOST I'VE EVER  
SPENT FOR AN APPLICATION WAS  
\$30 AND THAT WAS FOR QUICK  
OFFICE, WHICH IS BASICALLY  
IT'S JUST LIKE MICROSOFT  
OFFICET WORKS THE SAME WAY  
AND IT HAS THE SAME SUITE OF  
APPLICATIONS AND IT'S WORTH  
IT.

IT'S REALLY NICE.

AND BECAUSE OF THE NATURE OF  
THE MOBILE ENVIRONMENT,  
BECAUSE OF BUYING AN IPOD OR  
AN ITOUCH TWICE OR AN IPHONE  
IS MUCH CHEAPER THAN BUYING  
A COMPUTER, PEOPLE WHO COULD  
NOT AFFORD TO BUY COMPUTERS  
AND TO PAY FOR AN INTERNET  
PLAN CAN ACTUALLY AFFORD TO  
BUY THOSE SMALL DEVICES.

SO THERE IS A LOT OF PEOPLE THAT ARE IN THE DIGITAL ENVIRONMENT NOW THAT DIDN'T USED TO BE.

SO THE MOBILE ENVIRONMENT IS DEFINITELY NARROWING THAT DIGITAL DIVIDE, WHICH I THINK IS A VERY EXCITING ASPECT OF MOBILE TECHNOLOGY.

SOME OF THE DRAWBACKS IS THAT THERE IS A LACK OF RESOURCE PACKAGES FROM VENDORS, ESPECIALLY FOR EBOOKS, ESPECIALLY FOR ACADEMIC LIBRARIES AND EVEN MORE SPECIFICALLY FOR MEDICAL LIBRARIES.

CURRENTLY I DON'T BELIEVE THERE IS A PACKAGE FOR MEDICAL ETEXT BOOKS AVAILABLE FROM ANY OF OUR VENDORS THAT I KNOW OF.

I DO BELIEVE THAT ESCO IS WORKING ON SOMETHING.

MOBILE DEVICES THEMSELVES ARE VERY INSULAR AND PERSONAL IN NATURE, SO SOMETIMES IT CAN BE HARD TO PROVIDE SUPPORT FOR THEM BECAUSE IT'S -- IF YOU DON'T ACTUALLY HAVE SOMEBODY'S MOBILE DEVICE IN YOUR HAND, IT CAN BE DIFFICULT TO OFFER ADVICE AND THEN WHEN YOU ARE ACTUALLY LOOKING AT IT, THEY HAVE IT SO SPECIALIZED IT CAN BE HARD TO FIGURE OUT WHAT THE PROBLEM IS AND PROVIDE THEM SUPPORT FOR IT. AND APPLICATIONS ARE OFTEN SPECIFIC TO THEIR OPERATING SYSTEMS.

SO APPLE HAS A DIFFERENT OPERATING SYSTEM THAN ANDROID DOES, THAN NOOK DOES, THAN KINDLE, ET CETERA,

SIMILAR TO WHAT HEATHER WAS SAYING ABOUT PLATFORM. PLATFORM'S OPERATING SYSTEM IS PRETTY MUCH THE SAME THING.

AND THEN I WANT TO SPECIFY THAT THAT'S A LEARNING CURVE ACROSS THE AGES.

IN MY OPINION, THERE TENDS TO BE THIS BELIEF THAT YOUNGER PEOPLE HAVE A NATURAL ABILITY WITH TECHNOLOGY.

BUT ACCORDING TO RESEARCH AND MY OWN OBSERVATIONS, THIS IS NOT ACTUALLY TRUE -- SOME PEOPLE, NO MATTER HOW OLD THEY ARE, JUST HAVE A NATURAL INCLINATION TOWARDS TECHNOLOGY, AND THAT NATURAL INCLINATION IS NOT RESTRICTED BY AGE.

I KNOW RESIDENTS WHO CANNOT HANDLE SENDING AN ATTACHMENT VIA EMAIL AND I KNOW 80-YEAR-OLD ATTENDEES WHO CAN RETURN CIRCLES AROUND ME USING END NOTE.

I THINK IT'S A MISTAKE TO ASSUME THAT WHEN YOU ARE SPEAKING TO A YOUNGER PERSON, THEY'RE GOING TO BE GOOD AT TECHNOLOGY AND IT'S A MISTAKE TO ASSUME THAT WHEN YOU ARE TALKING TO AN OLDER PERSON, THEY'RE NOT GOING TO KNOW WHAT THEY'RE DOING WITH TECHNOLOGY.

AND FINALLY, MY FINAL POINT IS THAT MOBILE TECHNOLOGY DOESN'T HAVE TO BE HIGH-TECH.

YOU CAN CREATE LOW-TECH MOBILE INFORMATION FOR YOUR PATRONS.

AND THIS IS AN EXAMPLE OF



THE CLINICAL TIPS AND TRICKS  
CARD THAT I CREATED AFTER  
GOING ON PRACTICE PATIENT  
CARE ROUNDS.

AND I DID THIS BECAUSE MANY  
OF MY -- MANY OF MY PATRONS  
WOULD ASK ME -- THEY WERE  
ACTUALLY NOT THAT BAD AT  
USING RESOURCES, BUT WHAT  
THEY HAD A DIFFICULT TIME  
WITH WAS KNOWING WHAT  
RESOURCE TO USE WHEN.

AND I CAN'T SEE ON THEIR  
SLIDE.

BUT THERE IS A SECTION HERE  
THON SIDE OF THE CARD I'VE  
CREATE THE A LITTLE -- WHEN  
YOU ARE LOOKING FOR A  
TREATMENT, GO TO CLINICAL  
PHARMACOLOGY AND A LITTLE  
ARROW TO SAY WHAT TO DO ONCE  
YOU GET TO CLINICAL  
PHARMACOLOGY.

THIS SIDE OF THE CARD IS  
LIKE A CHEAT SHEET AND THIS  
SIDE OF THE CARD HAS MY  
PICTURE SO THEY'LL REMEMBER  
ME HOPEFULLY.

MY CONTACT INFORMATION, AND  
A REMINDER THAT ONCE THEY'VE  
BEEN LOOKING FOR SOMETHING  
FOR TEN MINUTES, THEY SHOULD  
STOP AND CONTACT ME.

AND I FOUND THAT THAT REALLY  
HELPS TOO, BECAUSE OFTEN  
PEOPLE THINK THEY SHOULD BE  
ABLE TO FIND INFORMATION FOR  
THEMSELVES, AND THEY DON'T  
UNDERSTANDTHA AT AWHAT POINT  
THEY SHOULD STOP AND ASK FOR  
HELP AND SO THAT TEN MINUTES  
KIND OF GIVES THEM A LITTLE  
HOOK TO HANG ON TO AND I  
HAVE A LOT OF PATRONS  
CALLING AND SAYING WELL, I  
HAVE YOUR CARD.

IT'S P IN MY POCKET AND IT  
SAYS ON THERE THAT I CAN  
CALL YOU AFTER I'VE LOOKED  
FOR TEN MINUTES AND THAT'S  
WHY I'M CALLING YOU.

SO IT'S BEEN A VERY NICE  
TOOL TO USE IF.

AND BECAUSE IT'S GOT THIS  
GREEN BANNER OR THIS  
TURQUOISE BANNER, THIS  
BANNER IS MEANT TO OFFSET  
THE CARD FROM ALL OF THE  
PIECES OF WHITE PAPER THAT  
THE CLINICIANS TEND TO HAVE  
STUFFED IN THEIR WHITE COAT  
POCKETS.

SO THAT IS ALL I HAVE TO SAY  
ABOUT MOBILE TECHNOLOGY IN  
CLINICAL LIBRARIANSHIP FOR  
TODAY.

BUT IF ANYONE HAS ANY  
QUESTIONS, PLEASE ASK.  
GO AHEAD AND ASK.

THANK YOU.

>> THANK YOU.

THERE IS A COMMENT ABOUT  
DIGITAL BOOKS IN THE R 2  
LIBRARY.

>> THAT'S TRUE.

AND YOU KNOW WHAT?

I SHOULD ASK AND I SHOULD  
MAKE A DISTINCTION.

THE R 2 BOOKS IN THE DIGITAL  
LIBRARY -- ARE THOSE BOOKS  
THAT THEY CAN DOWNLOAD TO  
THEIR EREADERS OR ARE THOSE  
BOOKS THEY CAN ACCESS  
ONLINE?

BECAUSE THAT'S A BIG  
DISTINCTION.

AN ONLINE BOOK IS FINE, BUT  
IT'S NOT VERY USER-FRIENDLY  
ON A MOBILE DEVICE.

>> YOU ARE NO LONGER MUTED.

>> WHAT YOU WANT TO DO IS  
WITH EBOOKS IS THEY WANT TO

BE ABLE TO CHECK THEM OUT  
FROM THE LIBRARY, DOWNLOAD  
THEM TO THEIR EREADER AND  
THEN INTERACT WITH THEM BY  
TAKING NOTES ON THEIR  
EREADER.

SO THAT'S WHAT -- THE  
QUESTIONS YOU ARE ASKING ME  
ABOUT ACCESS ONLINE.

THAT'S DIFFERENT.

WE'RE TALKING ABOUT EBOOKS,  
IT'S IMPORTANT TO THINK  
ABOUT IS THIS AN EBOOK THAT  
THEY CAN DOWNLOAD AND CHECK  
OUT AND DOWNLOAD OR IS THIS  
A BOOK THAT THEY HAVE TO  
ACCESS ONLINE?

CURRENTLY, I DON'T THINK  
THAT THERE ARE ANY PACKAGES  
FOR BOOKS THAT THEY CAN --  
THE LIBRARY CAN CHECK OUT TO  
THEIR PATRONS AND CAN THEN  
DOWNLOAD.

>> GO AHEAD AND UNMUTE YOUR  
PHONES.

IF YOU'D LIKE TO JOIN IN THE  
CONVERSATION AND YOU HAVE  
QUESTIONS, LOOK FOR HEATHER  
AS WELL AS OR SUSAN.

>> DO YOU HAVE A QUESTION  
HERE ABOUT WHETHER ALL R 2  
BOOKS ARE MOBILE.

>> SO NO, THEY'RE ACTUALLY  
NOT MOBILE.

THEY'RE AVAILABLE YONLE  
ONLINE, WHICH MEANS THAT  
YOUR MOBILE DEVICE HAS TO BE  
CONNECTED THE INTERNET THE  
ENTIRE TIME FOR THAT PATRON  
TO BE ABLE TO READ THAT BOOK  
AND THE DEVICE THAT THEY'RE  
USING NEEDS TO BE ABLE TO  
WORK WITH THE PLATFORM AND  
SHOW UP ON THEIR SCREEN  
NICELY.

SO IT MIGHT BE OKAY IF THEY

HAVE AN IPAD.

BUT IF THEY HAVE SOMETHING  
SMALLER, IT'S PROBABLY NOT  
GOING TO BE REALISTIC.

>> AND WE ALSO HAVE A  
CONFIRMATION THAT YOU HAVE  
TO HAVE ACCESS TO THE WEB.  
ONE OF OUR PARTICIPANTS.

>> YES.

AND ALSO AGREEMENT THAT THE  
INDUSTRY HAS BEEN SLOW TO  
ADAPT MEDICAL TEXTBOOKS TO  
THE DOWNLOADABLE EBOOKS.  
YOU HAVE A NOTE TAKING APP  
ON IPAD?

ARE YOU, HEATHER?

>> CAN YOU CLARIFY WHAT YOU  
MEAN A LITTLE BIT?

ON MY IPAD I HAVE FIVE  
DIFFERENT NOTE--TAKING APPS  
BUT I AM NOT SURE WHAT YOU  
MEAN IN TERMS OF MAKING A  
DRAWING ON POWER POINT FROM  
THERE.

>> I DO KNOW ABOUT -- SORRY,  
GO AHEAD.

>> HI.

CAN YOU HEAR ME?

>> YES.

>> I HAVE A QUESTION FROM A  
STUDENT WHO GET THEIR POWER  
POINTS FOR THEIR LECTURES AND  
WANTED TO MAKE A DRAWING IN THE  
POWER POINT USING AN IPAD.

>> YEAH, YOU CAN DO THAT.  
DRAWING.

THERE IS A COUPLE OF THEM.  
MY IPAD'S ON THE OTHER SIDE OF  
THE ROOM SO I CAN'T LOOK  
RIGHT NOW AND TELL YOU BUT I  
WOULD BE HAPPY TO FOLLOW UP  
WITH YOU ON THAT.

>> IF YOU CAN ACTUALLY  
DOWNLOAD THEM AND MARK THEM  
UP?

>> YEAH, I THINK YOU CAN DO

THAT ON KEYNOTE.

AND

>> KEYNOTE IS APPLE'S POWER POINT.

YOU CAN'T DRAW ON IT, I DON'T THINK.

AT LEAST ON ON THE APP.

>> I THINK YOU CAN DRAW ON IT IF YOU HAVE A STYLUS.

>> I AM NOT SURE.

I DOWNLOAD THINGS.

JACQUELINE JUST RAN OVER HERE AND GAVE ME MY IPAD. SHE'S SO SWEET.

HONESTLY, I DON'T KNOW BECAUSE I HAVE SO MANY APPS ON HERE.

I DON'T KNOW WHICH ONES I USE THE MOST FOR THIS.

ACTUALLY, THE NOTE-TAKING APP.

I THINK IT'S NOTE TAKE HD THAT I LIKE THE BEST.

AND YOU CAN DOWNLOAD YOUR WHATEVER IN PDF FORMAT AND MARK IT UP.

WE CAN LOOK INTO THIS A LITTLE BIT MORE LAURIE, AND I CAN LET YOU KNOW.

>> I THINK ALSO A GOOD POINT THERE, JUST IN THE QUESTION IS THAT THAT'S A QUESTION YOU MIGHT BE ABLE TO ANSWER BETTER FOR YOUR PATRONS IF YOU HAD ACCESS TO AN IPAD OR AN IPHONE AND WERE ABLE TO BUY AN APP AND CHECK IT OUT YOURSELF, RIGHT?

>> RIGHT, RIGHT.

>> GOUT TO HAVE THE MOBILE TECHNOLOGY TO SUPPORT YOUR PATRONS BY USING IT, TOO.

>> YOU'VE GOT TO HAVE.

>> I SEE WHERE I CAN INSERT TABLES BUT I DON'T SEE THAT IT'S LETTING ME ACTUALLY

MAKE A NOTE, OTHER THAN THE PRESENTER NOTES.

I DON'T KNOW.

I'LL LOOK INTO THIS, LAURIE, AND WE CAN CONNECT SOMETIME AT HOME.

LAURIE LIVES -- WORKS IN YOUNGSTOWN FROM WHERE I AM IN AKRON, SO WE'RE NEIGHBORS.

>> SO DOES ANYONE HAVE ANY MORE QUESTIONS?

[NO AUDIO]

>> WE DID HAVE ONE QUESTION UP THERE REGARDING THE SLIDES THAT WILL BE AVAILABLE LATER.

ONE OF OUR REQUIREMENTS IS TO HAVE THE CAPTIONING OF OUR WEBINARS.

IT APPARENTLY STARTED OFF WITH THE SERVER BEING DOWN AND WE NEVER DID GET A CAPTIONER.

BUT WE WILL TRY TO FIND SOME OTHER TO PUT THE SLIDES AND PRESENTATION ONLINE AND FIND SOME WAY THAT MAKE SURE THAT THE SLIDES ARE --

[INDISCERNABLE]

>> ACTUALLY.

I THINK THESE SLIDES ARE ALREADY AVAILABLE ONLINE. I THINK MAX ANDERSON MADE THEM AVAILABLE.

>> I DON'T KNOW WHERE, BUT IF HE DIDN'T, MAYBE HE CAN. I THINK HE'S INTENDED TO PUT THEM UP SOMEWHERE AFTER THE SYMPOSIUM.

IF NOT, WE CAN HAVE HIM DO THAT ANYHOW, IF THEY'RE NOT GOING TO BE IN THE LAKE EFFECTS SECTION OF THE GMR SITE.

>> ANY OTHER QUESTIONS?

[PAUSE]

>>

>> THE ALL RIGHT.

WELL, THANK YOU VERY MUCH,  
HEATHER AND SUSAN.

WE'RE VERY FORTUNATE TO HAVE  
BOTH OF YOU TODAY AND WE  
WILL LET EVERYONE KNOW THE  
POTENTIAL FOR GETTING SLIDES.  
FOR THOSE OF YOU WHO ARE  
INTERESTED IN GETTING THE --  
ONE HOUR CE, THERE IS A  
LINK, AND THAT WILL TAKE YOU  
--

[INDISCERNABLE]

THANK YOU ALL VERY MUCH FOR  
TUNING IN.

WE'RE VERY FORTUNATE TO BE  
ABLE TO PROVIDE THESE  
WEBINARS TO YOU EVERY MONTH.  
WE ARE NOT GOING TO BE  
ONLINE NEXT MONTH DURING THE  
MEDICAL LIBRARY ASSOCIATION  
MONTH, BUT STAY TUNED TO OUR  
TRAINING SITE, TRAINING AND  
EDUCATIONAL OPPORTUNITIES  
TAB ON OUR HOME PAGE AND YOU  
CAN SEE WHAT WE HAVE COMING  
UP.

SO THANK YOU VERY MUCH, AND  
THERE IS A LINK FOR THE  
CONTINUING EDUCATION AND  
EVALUATION IN THE CHAT BOX,  
AND UNLESS THERE ARE ANY  
OTHER QUESTIONS, THAT'S IT  
FOR TODAY.

THANK YOU ALL FOR JOINING US.

>> THANK YOU.

>> THANKS.